VERIFY PRESENCE OF WATERMARK — HOLD TO LIGHT TO VIEW

5330490

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH – OFFICE OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MEDICAL EXAMINER'S CERTIFICATE

DATE RECORD FILED: JANUARY 24, 2025 | STATE FILE NUMBER: 25-004221

1. FULL NAME OF DECEDENT: (first) SUSAN (middle) DEBORAH (last) LINDSEY-KEMPF (suffix)

2. SEX: ☐ MALE ☒ FEMALE ☐ NOT DETERMINED

3. DATE OF DEATH: JANUARY 20, 2025 ☒ ACTUAL ☐ PRESUMED ☐ APPROXIMATE ☐ FOUND

4. DATE OF BIRTH: [redacted]1958

5. AGE: Years 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 1 DAY: Hours, Minutes

6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNKNOWN

7. BIRTHPLACE (U.S STATE OR FOREIGN COUNTRY): VIRGINIA

8. SOCIAL SECURITY NUMBER: [redacted]0796 | IF NO SSN, CHECK APPROPRIATE BOX: ☐ NONE ☐ NOT OBTAINABLE ☐ UNKNOWN

9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.): 915 MYRICK STREET

10. CITY OR TOWN OF RESIDENCE: FREDERICKSBURG | INSIDE CITY OR TOWN LIMITS? ☒ YES ☐ NO

11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank):

12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: VIRGINIA | 12a. ZIP CODE: 22401

13. RACE OF DECEDENT (CHECK ONE OR MORE)
☒ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE(SPECIFY)
☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER PACIFIC ISLANDER(SPECIFY)
☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER ASIAN (SPECIFY)
☐ OTHER (SPECIFY)

14. DECEDENT OF HISPANIC ORIGIN?
☒ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN

15. EDUCATION (HIGHEST GRADE COMPLETED)
☐ ELEMENTARY/SECONDARY (0-12) ☐ HIGH SCHOOL DIPLOMA ☐ GED ☒ YEARS OF COLLEGE 2
☐ ASSOCIATE DEGREE ☐ BACHELOR'S DEGREE ☐ MASTER'S DEGREE ☐ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN

16. CITIZEN OF WHAT COUNTRY: UNITED STATES OF AMERICA

17. USUAL OR LAST OCCUPATION: RECEIVING CLERK

18. KIND OF BUSINESS OR INDUSTRY: LITTLE CREEK COMMISARY DIVISION

19. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☒ SEPARATED ☐ UNKNOWN

20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): DEAN KEMPF

21. FULL NAME OF DECEDENT'S FATHER OR PARENT II(first,middle,last,suffix)(maiden name,if any): WINBURN GRIFFIN LINDSEY | 21a. GENDER: MALE

22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I(first,middle,last,suffix)(maiden name,if any): EDITH DEVERE RULL | 22a. GENDER: FEMALE

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION: SISTER

24. FULL NAME OF INFORMANT OR NAME OF SOURCE: PATRICIA ANNE LITTLE

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): MARY WASHINGTON HOSPITAL | 25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL: ☐ DOA ☐ OUT PAT. EMER RM ☒ INPATIENT

26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☐ OTHER (SPECIFY)

27. CITY OR TOWN OF DEATH: FREDERICKSBURG | 28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH: 1001 SAM PERRY BLVD. | 28a. ZIP CODE: 22401 | 28b. COUNTY OF DEATH (if independent city, leave blank)

29. METHOD OF DISPOSITION
☐ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☒ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM
☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY)
☐ REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)

30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY: COVENANT FUNERAL SERVICE CREMATORY

31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY: 10830 PATRIOT HIGHWAY | 31a. CITY / COUNTY: FREDERICKSBURG | 31b. STATE: VIRGINIA | 31c. ZIP CODE: 22408 | 31d. COUNTRY

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE , VSAP OR NEXT OF KIN (ACTUAL SIGNATURE): /S/ DEAN MARNELL | 32a. LICENSEE'S NO.: 0502900640 | 32b. NAME OF FUNERAL HOME OR FACILITY: COVENANT FUNERAL SERVICE

33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN: DEAN MARNELL | 33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code): 10830 PATRIOT HWY FREDERICKSBRG VIRGINIA 22408

34. TIME OF DEATH: To the best of my knowledge, death occurred at 07:14 ☒ A.M. ☐ P.M. ☒ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☐ FOUND

35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death)	(A) BLUNT FORCE TRAUMA TO HEAD	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF) (B)	
	DUE TO (OR AS A CONSEQUENCE OF) (C)	
	DUE TO (OR AS A CONSEQUENCE OF) (D)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

36. WAS THE MEDICAL EXAMINER CONTACTED? ☒ YES ☐ NO

36a. AUTOPSY? ☐ YES ☒ NO

36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ YES ☐ NO ☐ POSSIBLY ☒ UNKNOWN

38. IF FEMALE:
☐ PREGNANT AT TIME OF DEATH ☒ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH
☐ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☐ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)

39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? ☐ PRIMARY ☐ CONTRIBUTING

40. MANNER OF DEATH: ☐ NATURAL ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING

41. DATE OF INJURY: JANUARY 11, 2025 | 42. TIME OF INJURY: UNKNOWN ☐ A.M. ☐ P.M | 43. INJURY AT WORK? ☐ YES ☒ NO ☐ UNKNOWN | 44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.): OUTDOORS NOS

45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) | 45a. CITY / COUNTY | 45b. STATE | 45c. ZIP CODE | 45d. COUNTRY

VIRGINIA 22401

13. RACE OF DECEDENT (CHECK ONE OR MORE) — AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)
☑ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ OTHER ASIAN (SPECIFY) ☐ OTHER PACIFIC ISLANDER (SPECIFY)
☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER ASIAN (SPECIFY)
☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER (SPECIFY)

14. DECEDENT OF HISPANIC ORIGIN?
☑ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN

15. EDUCATION (HIGHEST GRADE COMPLETED) ☐ ELEMENTARY/SECONDARY (0-12) ☐ HIGH SCHOOL DIPLOMA ☐ GED ☑ YEARS OF COLLEGE 2
☐ ASSOCIATE DEGREE ☐ BACHELOR'S DEGREE ☐ MASTER'S DEGREE ☐ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN

16. CITIZEN OF WHAT COUNTRY	17. USUAL OR LAST OCCUPATION	18. KIND OF BUSINESS OR INDUSTRY
UNITED STATES OF AMERICA	RECEIVING CLERK	LITTLE CREEK COMMISARY DIVISION

19. MARITAL STATUS	20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☑ SEPARATED ☐ UNKNOWN	DEAN KEMPF

21. FULL NAME OF DECEDENT'S FATHER OR PARENT I(first,middle,last,suffix)(maiden name,if any)	21a. GENDER	22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I(first,middle,last,suffix)(maiden name,if any)	22a. GENDER
WINBURN GRIFFIN LINDSEY	MALE	EDITH DEVERE RULL	FEMALE

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION	24. FULL NAME OF INFORMANT OR NAME OF SOURCE
SISTER	PATRICIA ANNE LITTLE

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)	25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL: DOA ☐ OUT PAT EMER RM ☐ INPATIENT ☑
MARY WASHINGTON HOSPITAL	

26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☐ OTHER (SPECIFY)

27. CITY OR TOWN OF DEATH	28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH	28a. ZIP CODE	28b. COUNTY OF DEATH (if independent city, leave blank)
FREDERICKSBURG	1001 SAM PERRY BLVD.	22401	

29. METHOD OF DISPOSITION
☐ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☑ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM
☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY)
☐ REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)

30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY
COVENANT FUNERAL SERVICE CREMATORY

31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY	31a. CITY / COUNTY	31b. STATE	31c. ZIP CODE	31d. COUNTRY
10830 PATRIOT HIGHWAY	FREDERICKSBURG	VIRGINIA	22408	

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE , VSAP OR NEXT OF KIN (ACTUAL SIGNATURE)	32a. LICENSEE'S NO.	32b. NAME OF FUNERAL HOME OR FACILITY
/S/ DEAN MARNELL	0502900640	COVENANT FUNERAL SERVICE

33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN	33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (Include street address, city, state and zip code)
DEAN MARNELL	10830 PATRIOT HWY FREDERICKSBRG VIRGINIA 22408

34. TIME OF DEATH: To the best of my knowledge, death occurred at 07:14 ☑ A.M. ☐ P.M. ☑ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☐ FOUND

35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death)	(A) BLUNT FORCE TRAUMA TO HEAD	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF) (B)	
	DUE TO (OR AS A CONSEQUENCE OF) (C)	
	DUE TO (OR AS A CONSEQUENCE OF) (D)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

36. WAS THE MEDICAL EXAMINER CONTACTED?	36a. AUTOPSY?	36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?	37. DID TOBACCO USE CONTRIBUTE TO DEATH?
☑ YES ☐ NO	☐ YES ☑ NO	☐ YES ☐ NO	☐ YES ☐ NO ☐ POSSIBLY ☑ UNKNOWN

38. IF FEMALE:
☐ PREGNANT AT TIME OF DEATH ☑ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH
☐ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☐ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)

39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH?	40. MANNER OF DEATH
☐ PRIMARY ☐ CONTRIBUTING	NATURAL ☐ ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

41. DATE OF INJURY	42. TIME OF INJURY	43. INJURY AT WORK?	44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)
JANUARY 11, 2025	UNKNOWN ☐ A.M. ☐ P.M	☐ YES ☑ NO ☐ UNKNOWN	OUTDOORS NOS

45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)	45a. CITY / COUNTY	45b. STATE	45c. ZIP CODE	45d. COUNTRY
	FREDERICKSBURG	VIRGINIA		

46. IF TRANSPORTATION INJURY, SPECIFY ☐ DRIVER/OPERATOR ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER (SPECIFY)

47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
GROUND LEVEL FALL

48. SIGNATURE OF MEDICAL EXAMINER	48a. NAME OF MEDICAL EXAMINER	48b. DATE SIGNED:
/S/ BROOKE SPARKS	BROOKE SPARKS	JANUARY 20, 2025

49. OFFICE STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)	49a. CITY	49b. STATE	49c. ZIP CODE
400 E JACKSON ST	RICHMOND	VIRGINIA	23219

VIRGINIA DEPARTMENT OF HEALTH VITAL STATISTICS

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **January 28, 2025**

Seth Austin

Seth Austin, Director and State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C